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ABSTRACT

Problems in and guidelines for developing an early identification/intervention program for handicapped students are discussed. The author cautions that appropriate education should first be based upon the child's learning process, and that ongoing review should replace single stage identification procedures. Problems are listed for consideration in the areas of basic medical/social data, labeling, resources, and interventions. The early identification model currently used in London (Ontario) is reviewed and its apparent effectiveness noted. Sample forms used in London are included. (CL)

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EARLY ID/INTERVENTION - EDUCATION POPPERY or PROMISE

PRESENTED TO THE COUNCIL FOR EXCEPTIONAL CHILDREN

ANNUAL CONFERENCE, NEW YORK

1981 April

Presented by:

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EARLY IDENTIFICATION/INTERVENTION: EDUCATIONAL FOPPERY OR PROMISE

Purpose: This presentation is an attempt to provide some background and direction for those who are interested in establishing an early identification/intervention program. Specifically, it is the presenter's intention to:

- a) elucidate some issues and concerns which must be considered in planning to implement such a program, and*
- b) demonstrate one example of an early identification/intervention program which could lead to the beginning of a possible solution.*

The Ministry of Education requires each board in the Province of Ontario to implement an approved procedure for the early identification of the child's learning needs and abilities ...

"It is essential to establish what a child's learning needs and abilities are if an education program is to be appropriate to the level of the child's development. This should be done by the school when the child is first enrolled."

"Each procedure shall include the following:

1. confidential information gathering in the form of a health and/or social history;
2. several opportunities for the parent and teacher to share important information of the child's background and development;
3. a multi-disciplinary approach, where required, to provide assessments by professionals outside the classroom;
4. an educational assessment administered by the teacher which includes the communication areas of language and number skills."

"These are intended to form one of a series of assessments of a child's progress to ensure that the program is appropriate to the child's learning needs."

"Early identification procedures must lead to activities which enable each child to participate as completely as possible in education programs."

THE ONTARIO MINISTRY OF EDUCATION MEMORANDUM 78-79: 15

This ministerial direction was received by the boards in December 1978 for implementation by the school year beginning September 1979. While heralded in its intent, the seeming naivete of its basic assumption that school boards could undertake such a purposeful and meaningful change in their basic provision of programming, has been viewed with alarm and consternation by most educators. Fortunately in London, Ontario the school board had previously initiated definitive research, field trial and pilot study four years prior to receipt of this early identification memorandum from the Ministry. Although not perfect, nor necessarily good, the experience and understandings learned in London may assist others charged with a similar responsibility.

Establishing Purpose

All across Canada and in parts of the United States, school systems are choosing, or being told to introduce early identification procedures. This focus on early identification could be the stimulus for significant progress towards diagnostic teaching; it could lead to definitive improvements and provision of educational programs; it could be the dawning of Aquarius in the 1980s ... and/or ... it could be the phoniest, pseudo-sophisticated prescription of psycho-educational quackery ever foisted upon children, teachers and parents. Like many 'goods' of this world, early identification/intervention is cursed with at least as many evils as it is blessed with promise and hope.

Unfortunately, the premise of early identification/intervention is based upon two other assumptions, that it is possible to identify learning needs and that it is possible to do something about these learning needs once they have been identified. Neither assumption is necessarily correct.

Unfortunately too, most identification programs focus upon a search for some quality that is different and usually based on the deficit side of the ledger. Consequently the attitude is generated that something is wrong with the child and in keeping with our cultural heritage 'something wrong is bad', it must be subsequently eradicated or eliminated. In other words a different child is a 'loser'. And furthermore, even if it could be established that it was possible to identify special needs, most intervention programs entirely overlook the possibility that something could be 'wrong' with the system and as such focus entirely upon either preventing or 'treating' the 'wrongs' which seemingly exist in children. While the clinical model, i.e., diagnosis, prescription, treatment, prognosis ... is an effective educational approach for dealing with some learning difficulties, it is not necessarily appropriate nor efficient as a model for all the learning needs which could be identified with a comprehensive early identification program. Alternatives to 'treating' the children exist in 'treating' the system i.e., changing the instructional program and changing accordingly the structure and organization of the school.

A great deal has been said of late about individualizing and personalizing education. Too often this has been mere lip service, corrupted in the service of a management system or in sequencing materials in which only the pace of learning was varied, not the content. Nor has there been any consideration for the learning styles

of the children and the instructional preferences and capabilities of the teachers. Surely the basic intent of individualized personalized education encompasses consideration of all these factors.

Appropriate education should be first based upon determinants of how a child learns before any consideration of course content, parental ambition or societal value. Individual education planning (IEPs) is an extreme form of stating this obvious fact ... program plans should be based upon how a child learns. Early identification, once achieved, can and should result in the provision of IEPs, where required, and the systematic provision and organization of instruction for all children according to differences of learning (dis)abilities, cultural backgrounds, personal preferences, and personalities.

Assuming that a school system (including teachers and parents) is prepared to develop programs according to identified learning needs and subsequently is also prepared to reorganize and reorganize and reorganize, the school system is then in a position to consider how to implement identification procedures.

In many professional circles the mere mention of early identification is anathema. The spectre associated with the evils of 'labelling' is raised high over our heads, the fear of 'doing-something-wrong' lurks in the minds of many. Parents will express concerns about a denial of egalitarian rights and teachers may feel unqualified and anxious over new demands for performance. Some school systems really like to spend hundreds of dollars per child on assessment and others will spend a nominal amount. Procedures will range from difficult and expensive to easy and inexpensive.

While there exists some legitimate cause for fears about early identification, in most instances, the most frequently expressed fears are largely unsubstantiated and overblown. Nor is it necessary to undertake complicated expensive assessment procedures for all children. Screening procedures can and should be undertaken directly in the classroom. It has been amply demonstrated in educational research that a teacher's judgement regarding the possibility of learning difficulties is at least as valid and reliable as any other assessment procedure. (Unfortunately a teacher's judgement is not as valid nor reliable in assessing intellectual giftedness.) Multi-disciplinary support staff and sophisticated resources should be available to assist the teacher when and only when it has been determined that a more elaborate and thorough assessment is required. Further, since the ultimate responsibility for planning an instruction program rests with the classroom teacher, it is logical to utilize the skills of the teacher in all aspects and at all stages of the early assessment - instructional continuum. This can be accomplished through teacher development of observational skills, appropriate instructional programming and ongoing evaluation ... all centered in the child's own classroom. The term "early identification" with its now inevitable connotations of problem and deficit discovery, can be replaced by terms such as early developmental assessment/description or developmental review, thus reducing the likelihood of negative labelling. The heart of the matter of early identification is to look at the processes which a child uses to acquire knowledge as well as the specific knowledge he has already acquired. For this we need

assessments of such knowledge and of the learning process itself ... especially a child's characteristic strategies of learning and problem solving (Davidson, I.).

Single-stage identification procedures should be replaced with ongoing review procedures. The first step being a survey of all students followed by regular frequent review and reconsideration relative to ongoing success with the learning program. A brief med'cal and social history will be needed at time of school entry. The teacher needs to know whether the child is sufficiently physically fit, and socially and emotionally adjusted, to participate in a relaxed, active learning environment (Nash, C.B.). Developmental review procedures (identification) i.e., systematic, ongoing assessment of classroom observations should commence no later than shortly after school entry in order to provide teachers with early guidelines to children's characteristics and commensurate programming adaptations. Results of assessment should be in useable, educationally relevant terms; not in categorical labels. They should be used as guidelines to teaching and not simply attempt to be predictors of future performance. It is not necessarily 'bad' to be different, but it would be 'bad' to not support a child with differences. As articulated by John Dewey in Freedom and Conduct (1929), "the road to freedom may be found in that knowledge of facts which allows us to employ them in connection with desires and aims ... in this use of desire, deliberation and choice, freedom is actualized."

Problems to be Addressed in Committee

In establishing and implementing an early identification/intervention program the previously reviewed issues and concerns must be addressed by an implementation committee in order to establish a consensus of philosophic understanding and acceptance. Similarly study and review of the following specific problems (and others) must be undertaken by the same committee. Possible solutions can be and must be developed prior to the field trial of a pilot program. The following points are listed for your consideration in order to provide some possible direction for workshop use. Possible solutions or answers to these problems have not been provided in that the exercise of developing possible solutions is a necessary process for any such committee and any possible solutions would, also out of necessity, have to be appropriate to a local jurisdiction.

Basic Medical/Social Data:

- How to obtain pertinent information?
- How to have sufficient staff and process to collect data?
- How to communicate with school authorities and teachers given confidentiality and logistic concerns?
- How to determine practicality of data in respect to pedagogic practice i.e., the probability of miscues?

Labelling:

- How to describe problems without labels?
- How to establish interventions without labels?
- How to 'detune' misinformed professionals and parents about the dangers of labelling?
- How to establish a realization that labelling does not equal intervention?

Resources:

- How to provide adequate resources for classroom and school use?
- How to better utilize currently existing resources to meet exceptional needs?
- How to provide multi-disciplinary support staff?
- How to best inform and involve parents?

Interventions:

- How to identify problems easily and with sufficient validity?
- How to desensitize curriculum consultants from the notion that special education is taking over?
- How to establish a notion that most exceptional needs can be adequately handled in a regular classroom?
- How to establish a variety of instructional practices which can be used in regular classroom process to meet exceptional needs?
- How to establish a process of proactive planning (versus reactive ad hocery) which will enable a school to anticipate its needs with strategies which are both simple and effective in use?

Not that these are all the problems. There are problems related to parental communication, record-keeping, system involvement and all those which will arise once the identification/intervention program is initiated. But the overriding premise must be established, learning is everyone's responsibility and (learning) must be formulated from the information derived from identification of needs. A system must have an implementation committee, representative of all those involved in program design, who will be committed to developing possible solutions. The answers will be found in changing the system to be responsive to the individual.

THE LONDON MODEL

The London Board of Education provides educational programming from Kindergarten to Grade 13 for 44 000 pupils in an urban environment for 250 000 people.

Based upon a review of educational research and the results of pilot studies beginning in 1975, the first system-wide application of early identification procedures was attempted in 1978. The following is a very brief overview of early identification procedure currently being utilized in London for the Kindergarten to Grade 3 population. No definitive system-wide intervention procedures have yet been established as a consequence of this identification information. However, most schools and practically all teachers are incorporating changes in the provision of program and the organization of instruction.

School Registration

At the time of initial registration for school (during spring for fall admission to kindergarten) a time is scheduled for the parent and child to meet with the public health nurse who will provide basic health and family data for identification purposes (see Appendix 1). By means of interview and discussion and any pre-existent public health record, the nurse will complete the form for school purposes, establish her own case file and initiate any referral for additional assessment/examination as required. The basic health and family data form is included in the official school record file and will be made available for teacher perusal prior to admission to class.

Classroom Teacher

Since the classroom teacher is directly responsible for the provision of educational programming, it is most appropriate that s/he be primarily responsible for initial screening of any exceptional learning needs. The classroom teacher's assessment procedure consists primarily of a simple rating relative to the probability of success in language and number, i.e.:

- '0' - insufficient information to make a judgement
- '1' - no concerns
- '2' - possible learning problems
- '3' - definite learning problems

Please Note: A rating number and procedure have not yet been established for assessment of "giftedness".

Accordingly, the teacher will rate each child on a class list. Those who have been assigned a '2' or '3' must be reviewed with the school program team. The teacher may use classroom observation data, standardized testing, consultation with specialist personnel or any other means to derive these professional judgements. Prior to the review of the 'risky' candidates with the school team the teacher may consider it helpful to complete a SAW form (see Appendix 2) for each candidate to provide focus and direction for discussion.

Schools Program Team (see Appendix 3)

A School Program Team consists of: the principal/vice-principal (chairman), the school psychologist, the learning resource teacher, the referring teacher, the social worker (attendance counsellor), the public health nurse, and any other school staff, special services staff, program consultant and community resource people as may be required and requested to attend. Insofar as early identification is concerned the school team must ascertain the nature and extent of exceptional learning needs. In addition to its own resources it may employ any kind of specialized board person to assist, as required, with assessment and/or programming recommendations. Once the kind and degree of learning needs have been established, the school team will assist the teacher with recommendations for program design, adaptation and implementation. If special needs have been identified, official record will be noted in the pupil's school record, parents will be notified and consulted, and likely invited to participate in subsequent school team meetings.

The Learning Resource Teacher

The learning resource teacher is the key support person assigned to schools on at least a half-time basis to assist regular classroom teachers with assessment procedures, diagnosis, and the provision of educational planning and programming. Working in conjunction with the school team the learning resource teacher may assist the regular classroom teacher directly in the classroom or by providing, on a short term basis, a form of withdrawal support for pupils with very exceptional needs. The learning resource teacher is a master teacher i.e., credible as a very competent and qualified teacher and has, at least, a specialist certificate in special education.

Timetable

Any student may be referred to the school team at any time for any reason by the classroom teacher. Identification of special needs is an ongoing process and is not necessarily limited to special months of the year, however, in order to ensure that all pupils are reviewed at least once during the year in respect to the possibility of any exceptional learning needs, specific times have been established for classroom teachers to review their classes as described above. Kindergarten pupils are reviewed in October and April of the same school year. The October review is conducted to assist the teacher in assimilating any information which may have been provided by means of the basic health and family data obtained at time of school entry and to establish basic guidelines for the provision of instruction as early as possible. The April review is formally notarized in order to provide information for sharing with any subsequent teacher and to assist the primary division with any organization relative to the provision of programs for special needs as determined for the kindergarten entry of that year.

For Grade 1 (or equivalent) and any subsequent year thereafter pupils are formally reviewed in January. Review at this time enables teachers to evaluate the effectiveness of their first term program provision for students and it should provide some opportunity for redirection of subsequent programming for the balance of the school year. As previously explained formal documentation of special learning needs is entered into the child's school record only after it has been ascertained by the school team that there is indeed special need(s) which require significant programming interventions.

In three years early identification in London has become established and accepted by teaching personnel and parents. January and April ratings are forwarded to our education research services in order to determine system-wide patterns of need and recommended allocation of support staff. An early identification/intervention committee consisting of program consultants and chaired by the special services coordinator meets regularly to review this information and recommend possible changes in the provision of educational program and resources. Early identification appears to be working in London. It is, however, only a beginning of a means to provide better education for all children. In fact, it is the presenter's contention that the 'meanness' of early identification can only be reduced when teachers and parents foresee it to be just that ... the beginning of better education.

CREDITS:

Except for three instances, I have deliberately avoided the usual tendency to support any and all the significant statements with a credit to some other author or research. I wanted this statement about early identification/intervention to be primarily my personal statement, reflecting my own biases and, too true I'm afraid, demonstrating my own limits of knowledge. However, for those who may be interested I could suggest the following as a very short reference list relative to the issues and concerns expressed in this presentation.

1. Davidson I., et al, Early Identification and Intervention Practice in Ontario School Boards, the Ministry of Education, Mowat Block, Toronto, Ontario, Canada, 1980.
2. Nash, C. B., Early Identification or Early Childhood Education - A Matter of Choice. Ontario Institute in Studies and Education, Northeastern Centre, 550 Harvey Street, North Bay, Ontario, 1980.
3. Sunderlin, S., The Most Enabling Environment, Association for Childhood Education International, 3615 Wisconsin Avenue, Washington, D.C., 1980.

RP/meb

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REGISTRATION FORM

First copy - Office Record
Second copy - Receiving Teacher
Third Copy - O.S.R.

The Board of Education for the City of London

IDENTIFICATION NO.

LEGAL SURNAME	FIRST NAME	SECOND NAME	CMN

TO BE USED ONLY WHEN THE STUDENT IS USING A NAME - NOT THEIR LEGAL NAME

USING SURNAME	FIRST NAME	SECOND NAME	CMN

SEX	DATE OF BIRTH YR MO DA	BIRTH VERIFICATION - CHECK AND INITIAL BIRTH CERTIFICATE _____ PASSPORT _____ BAPTISMAL CERT. _____ OTHER _____	SPECIAL EDUCATION DESCRIPTION	CD

ADDRESS - APT.	STREET	CITY	TOWN	VILLAGE	POSTAL CODE

PHONE NUMBER	UNLD.	GRADE	CLASS	TEACHER

TRANSPORTATION 1 SCHOOL BUS 3 WALKING 5 OTHER 2 LIMOUSINE 4 LTC	RESIDENCE 1 RESIDENT OF LONDON 2 GOV'T. OF ONT. 3 GOV'T. OF CANADA	SUB	LANGUAGE SPOKEN IN HOME	CD

TABLE OF TITLE CODES				TABLE OF RELATIONSHIP CODES			
A MR.	C DR.	E SISTER	G NO TITLE	1 FATHER	3 OTHER RELATIVE	5 OTHER	
B MRS.	D MISS	F REVEREND	H MS.	2 MOTHER	4 GUARDIAN		

PRIMARY PERSON LIVED WITH		Relat'n Cd.	Title Cd.	CUST.
SURNAME	FIRST NAME			

EMPLOYER OF FIRST PERSON LIVED WITH	EMPLOYER'S PHONE NO.	EXT.

SECOND PERSON LIVED WITH		Relat'n Cd.	Title Cd.	CUST.
SURNAME	FIRST NAME			

EMPLOYER OF SECOND PERSON LIVED WITH	EMPLOYER'S PHONE NO.	EXT.

EMERGENCY PHONE NUMBER	EMERGENCY NAME		REL'T'N-SHIP CD.
	SURNAME	FIRST NAME	

EMERGENCY ADDRESS				POSTAL CODE
APT.	STREET	CITY	TOWN	VILLAGE

OHIP NUMBER	DOCTOR OR CLINIC NAME	CODE

ENTERING SCHOOL NAME	CODE	DATE ENTERED YR MO DA	ADMIT CODE

PREVIOUS SCHOOL NAME	CODE	EXIT DATE YR MO DA	DEMIT CODE	GRADE	CLASS

SCHOOL ADDRESS - NOT NECESSARY IF A LONDON PUBLIC OR SECONDARY SCHOOL				POSTAL CODE
STREET		CITY	TOWN	VILLAGE

HRS. ACCUMULATED FR.	NOTES	HAVE YOU ATTENDED AN ONTARIO SCHOOL BEFORE

PUBLIC HEALTH NURSE ASSESSMENT (TO BE COMPLETED BY PUBLIC HEALTH NURSE)

0.02.34.81

ASSESSMENT AREA	ATTENTION REQUIRED		ACTION TAKEN (To be reviewed with School Team)
	Yes	No	
Vision	Yes	No	
Hearing - Acuity	Yes	No	
Motor Function and/or Physical Defects	Yes	No	
Chronic Conditions	Yes	No	
Nutrition	Yes	No	
Medication	Yes	No	
Adaptive Behaviour	Yes	No	
Language Behaviour	Yes	No	
Social/Emotional Behaviour	Yes	No	
Developmental Progress	Yes	No	

OTHER CONCERNS - COMMENTS

PARENTAL COMMENTS

Is there any other information about this child which should be shared with school personnel?

☐ Yes☐ No

Specify _____

NO. OF BROTHERS: Younger _____ Older _____

NO. OF SISTERS: Younger _____ Older _____

ARE ANY SOCIAL / HEALTH AGENCIES INVOLVED? ☐ Yes ☐ No

SPECIFY _____

HAS SHE/HE ATTENDED DAY CARE, PRE-SCHOOL, OR NURSERY SCHOOL? ☐ Yes ☐ No

NAME OF SCHOOL OR CENTRE ATTENDED _____

SIGNATURE OF NURSE

SIGNATURE OF PARENT/GUARDIAN

12

DATE COMPLETED

YR MO DA

HEALTH REPORT TO BE FILED IN THE O.S.R.

PUPIL S-A-W FORM

APPENDIX 2

STUDENT'S	TEACHER'S
Name: _____ First Last	Name: _____ First Last
	Date Form Completed: _____
	Date Reviewed by _____
	School Team: _____

Instructions

To program effectively for any pupil it is necessary to know his or her particular strengths and weaknesses. Listed below are 10 broad areas of functioning, with the letters S, A and W printed beside each.

Circle the letter beside each area which best describes your current assessment of this pupil, using the following definitions:

S = student is particularly strong in this area

A = student is average for students of his age and grade in this area

W = student has a definite weakness in this area

Space has been provided beside each area for brief comments. If you wish to provide additional, detailed information on any of the areas listed, or any other matters which you feel are relevant to creating an optimal learning situation for this pupil, you may do so on the reverse side of this form.

Area of Functioning	Rating	Comments
1. Ability to learn	S A W	_____
2. Ability to attend, concentrate	S A W	_____
3. Speaking	S A W	_____
4. Listening	S A W	_____
5. Visual perception, discrimination	S A W	_____
6. Motor skills	S A W	_____
7. Social skills	S A W	_____
8. Control of emotions	S A W	_____
9. Coping with new situations	S A W	_____
10. Motivation to learn	S A W	_____

(over)

Additional Comments:

SCHOOL (PROGRAM) TEAMSPURPOSE

- i) have been established to screen for exceptional learning needs in schools and to directly assist teachers in dealing with those needs;
- ii) an adequate level of service and support must be provided by all school teams as outlined below:

MEMBERSHIP

- * Principal/Vice-principal (Chairman)
- * Learning Resource Teacher
- * Guidance Counsellor
- * Psychologist
- * Referring Teacher
- Public Health Nurse
- Speech and Language Teacher
- Attendance Counsellor
- Other System/Community resource people, as required
- * Mandatory participation

ACTIVITIES

- a) develop and implement a school team problem-solving strategy;
- b) use early identification procedures, systematic class surveys and occasional referrals to identify exceptional learning needs of students, groups of students and classes;
- c) develop and review, at least annually, program recommendations for individual students, groups of students and classes;
- d) establish informal Individual Education Plans (IEP's) when appropriate;
- e) establish and maintain school team files and records;
- f) assist in setting program priorities and developing a yearly plan:
 - i. by studying and recommending school programming and organizational strategies;
 - ii. by interpreting policy issues e.g., retention, etc.;
- g) refer severe problems, recommendations and yearly plans to the area team (Superintendent).

1981 April

jk